



loddon mallee
regional palliative care consortium

Annual Report

2023



Acknowledgement of Country

The Loddon Mallee Region Palliative Care Consortium acknowledges the first peoples of the Millewa-Malee, Latji Latji, Ngintait, Nyeri Nyeri, Dadi Dadi, Jarijari, Wadiwadi, Wemba, Wergaia, Baraba and Dja Dja Wurrung - as the traditional owners and custodians of the country that the Loddon Mallee Health Region is located on, and pay our respects to their Elders past and present.

We proudly acknowledge the First Peoples of Victoria and their ongoing strength in practising the world's oldest living culture.

LMRPCC Contact Details

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A message from the Consortium Chair.

Welcome to the Loddon Mallee Regional Palliative Care Consortium Annual Report 2023.

Our year began with a renewed vigour as we began to embed our response to the COVID-19 global pandemic as 'business as usual', before many communities within the catchment were impacted by yet another natural disaster, the 2022 'October Flood Event'. Three rivers (Campaspe, Goulburn and Murray) were in flood almost simultaneously, leading to an inundation to well over a thousand homes within the Loddon Mallee region, impacting the lives of thousands of residents. While, our communities are frequently affected by natural disasters, including, droughts, bush fires, floods and plagues, the resilience shown by the healthcare workforce, whom many themselves were impacted by the flood event, is testament to the rural spirit that is shared by us all. Importantly, in the face of barriers, care provision is unwavering and our rural residents continue to receive safe, high-quality care both in the home and within our health services.

While the system response is favourable, efforts to strengthen and continuously improve remains a high priority for the Consortia in order to keep ahead of the increasing demand. A revision of the strategic vision for Palliative Care across the Loddon Mallee Health Network (LMHN) in March 2023, led to the development of five shared priorities that primarily focus on workforce development through capacity building, a regional plan for after-hours support and advocacy for increased specialist resources.

In support of the shared priorities, the Consortia has supported 35 Palliative Care Clinicians with scholarships to undertake advanced practice training, increased the specialist resourcing through new regional positions such as the aged care resource nurse and the palliative care liaison nurse roles, plus, commenced a pilot project at Swan Hill District Health, to determine the effectiveness of the provision of after-hours support through Caritas Care.

Together we aim to foster a regional service that is responsive to the Palliative Care needs of consumers, carers and families and I as a result, I wish to extend my thanks, on behalf of the Consortia Governance Committee, for the beauty, kindness and care that the Palliative Care service delivers each and every day. Every interaction is therapeutic and touches the lives of those requiring palliation, plus the carers and families well beyond death and dying, in the bereaved period.

Thank you, you are very much appreciated and we look forward to continuing to strengthen our response well into the future.

Warm wishes,

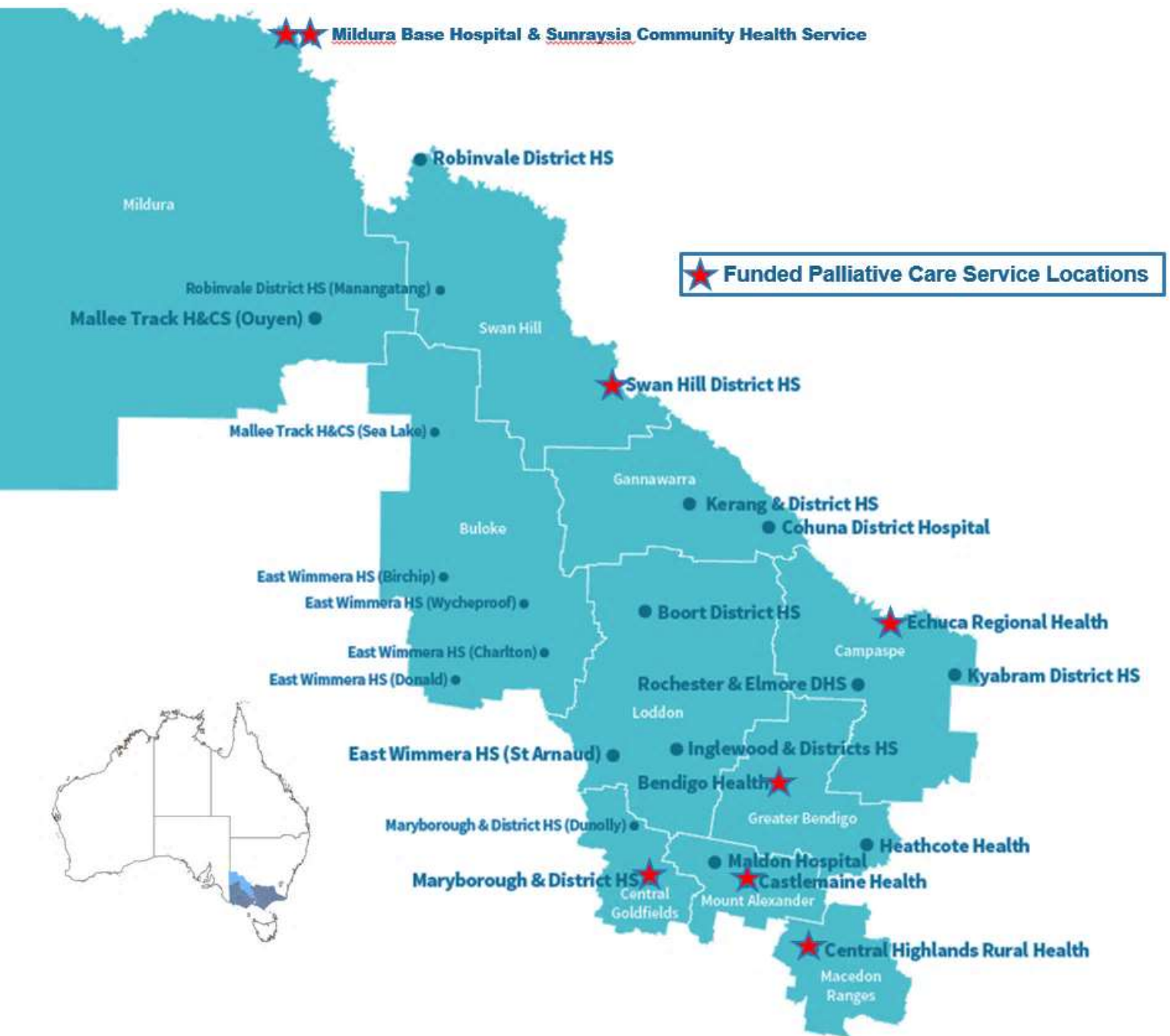


Cynthia Robins

Loddon Mallee Regional Palliative Care Consortium Chair



The Loddon Mallee Health Region



The Loddon Mallee Region is one of eight DH regions and it encompasses 26% of Victoria. The population as recorded in the 2021 census is 348,394. Approximately half the population are concentrated in Mildura and Bendigo. There will be variation in growth across LGA's and the City of Greater Bendigo is expected to increase by 31%.

20% of the region's population are aged 65 years and over, in contrast to the state average of 15.6%

The region has a strong cultural heritage, large Aboriginal population, and new skilled migrants are an ever-growing demographic in the region.

The map shows the boundaries of the region and the locations of the 23 health services. All deliver generalist palliative care services and our eight members deliver specialist palliative care services.

Consortium Membership 2022-23

Service	Service Profile	Staffing (EFT)
Bendigo Health Care Group	Community Palliative Care Service including Chum House Day Hospice	8.66
	Palliative Care at Home	2.5
	Specialist Inpatient Palliative Care Service (10 beds)	29.89
	LMRSPCCS (Southern Consultancy)	7.42
Castlemaine Health	Community Palliative Care Service	1.6
Echuca Regional Health	Community Palliative Care Service	3.8
	Specialist Inpatient beds (2 beds)	0.6
Kyneton District Health Service	Community Palliative Care Service	3.3
Maryborough District Health Services	Community Palliative Care Service	0.4
Mildura Base Public Hospital	Specialist Inpatient Palliative Care Service (2 beds)	3.3
Sunraysia Community Health Service	Community Palliative Care Service	5.4
	LMRPCCS (Northern Consultancy)	1.6
Swan Hill District Health Service	Community Palliative Care Service	3.1

Governance

The LMRPCC Structure is based on template “Role Statements” development and managed by DHHS. The peak governance group for the Consortium is the Board. Its primary responsibilities are to set and monitor the delivery of the Strategic Plan, ensure that the financial affairs of the Consortium are managed, promote and enable the work of the Consortium across the region. The Consortium Board meets bi-monthly

The Consortium is supported by the Clinical Operations Reference Group (CORG), and special projects or working groups.

Consortium Member	Service
Cynthia Opie (Chair)	Echuca Regional Health
Chloe Keogh	Swan Hill
Susan Andrews	Dhelkaya Health
Alison Smith	Bendigo Health
Susan Whitfield	Central Highlands Rural Health (Kyneton)
Lisa Evans	Maryborough District Health
Lucas Lloyd	Mildura Base Hospital
Norry Elder	Sunraysia Community Health Services
Wendy Lunghussen	Cohuna District Health (non-funded member)

Clinical Operations & Reference Group Member	Service
Alison Lowe Chair	Kyneton District Health Service
Merridee Taverna	Swan Hill District Health
Susan Andrews	Castlemaine Health
Katherine Formica	Echuca Regional Health
Alison Smith	Bendigo Health
Anne Jones	Maryborough District Health
Tracey Tonkin	Mildura Base Hospital
Mel Livens	Sunraysia CHS & LMRPCCS (Northern Consultancy)
Tanna Taylor	Cohuna District Health
Anita Wild	LMRSPCCS (Southern Consultancy) (NP)
Angela Munro -	LMRSPCCS (Southern Consultancy) (CNS, MND SCW)
Jo Lane Walsh	LMRSPCCS (Southern Consultancy) (NP)

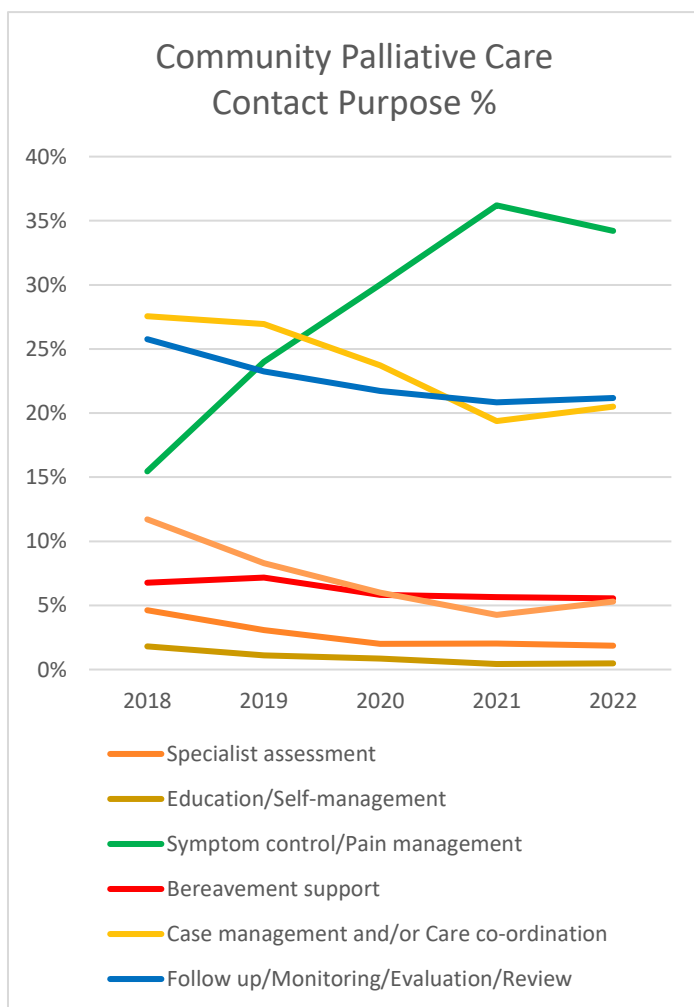
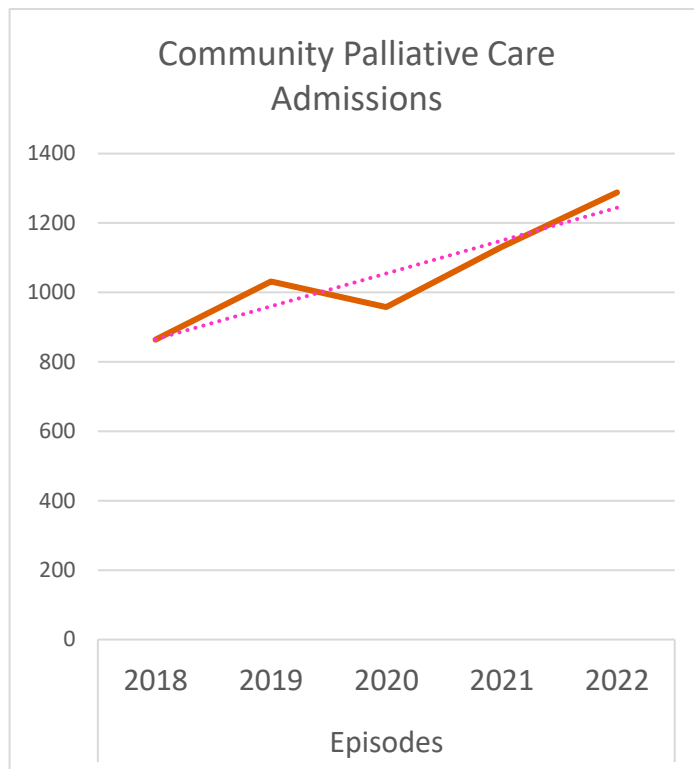
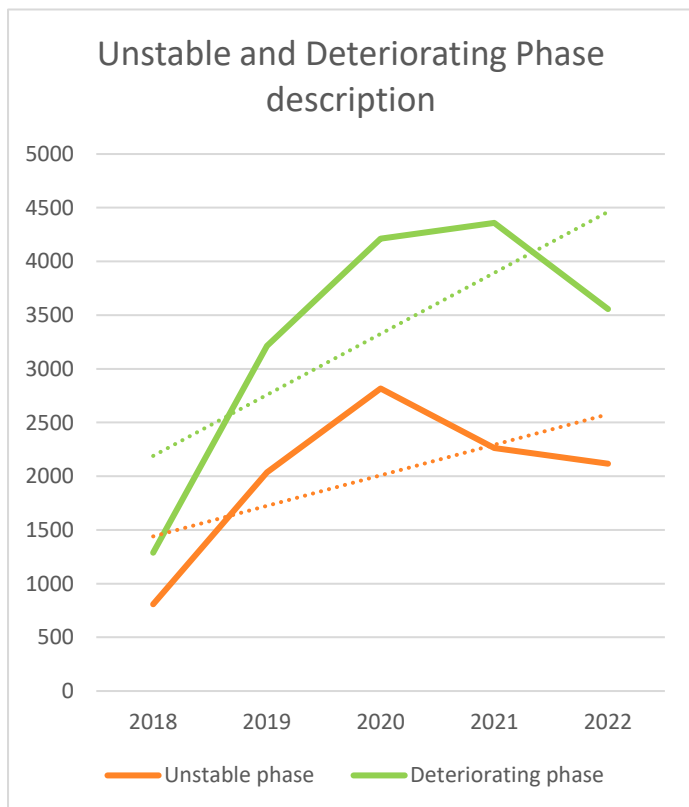
Regional Activity

Analysis of the Loddon Mallee region's Specialist Palliative Care Data (VINAH), is showing increased demand on Specialist Palliative Care Services with the number of admissions, patient visits, and increased acuity/complexity (See Unstable and deterioration phase description).

Unfortunately our specialist services have not had a comparable increase in staffing resources to match the demand on their services, which has led to prioritisation of symptom control over case management, and an overall reduction in bereavement care (see Contact purpose %).

Access to Specialist Palliative Care is significantly underrepresented by; people who live in RACFs, are of CALD or identify as Aboriginal & Torres Strait Islander.

Although our specialist staff and consultancies are providing a high level of care, currently only two Specialist Palliative Care services in the region are meeting the requirements set by DH for Afterhours access to Specialist Palliative Care.



Strategic Plan

The consortium met in March 2023 to discuss our challenges – and determine strategic goals for all of our specialist health services.

Following consultation and a strategic planning session with consortium members, the Loddon Mallee Region Palliative Care Consortium has developed the following strategic goals for the 2023-2024 year;



Advocate for increased resources within specialist palliative care services of the region.



Investigate and implement a model of regional **afterhours palliative specialist support**.



Implement additional models of **support for direct care staff working in palliative care** (self-care coaching, clinical supervision).



Raise the profile of Palliative Care for generalist health providers and consumers.



Develop a **Regional Workforce Plan** that addresses Recruitment/Retention and Succession Planning of the specialist workforce.

Our Work in 2023

In 2023, the consortium continues to demonstrate success with a number of programs and projects, namely;

- Palliative Care Service Data review
- Regional Complex Case Review
- Early Access Program
- ConqUer Breathlessness Program (CURB)
- Victorian State-wide Disability Palliative Care Advisory Group
- Palliative Care Week – Live the life you please!
- Palliative Care Liaison Nurse
- Murray PHN & Loddon Mallee Palliative Consortium Partnership
- Palliative Aged Care Resource Nurse Project
- Website Access
- Effective Clinical/therapeutic Communication workshops
- Transition to Specialty Practice Program
- Grants and Scholarships program
- Strengthening afterhours palliative care support in the Loddon Mallee Region (Joint Project with Murray PHN)
- Capability Assessment of regional services (joint project with University of Wollongong)
- Group Clinical Supervision
- Specialist practice (palliative care) framework and assessment tools

Each of these programs and projects have been aligned within *Victoria's end of life and palliative care framework*, as set by the Department of Health in 2016.



Priority 1: Person-centred services

Regional Complex Case Review

As part of the newly formed clinician's network, 6 x 1.5 hour sessions have been facilitated in 2023. The Regional Complex Case review was conceived by the Clinical Operations Resource Group (CORG) in 2022, and sought to share experiences related to patient care, clinical knowledge and problem solving.

Palliative care clinicians from across the region meet for a Multidisciplinary discussion regarding a patient (information was de-identified) and how the care was provided.

The services presenting this year were Bendigo Health, Echuca Regional Health, Kyneton District Health, Dhelkaya Health, Swan Hill District Health and Maryborough District Health. Themes emerging from the complex case reviews included; complex social problems, co-morbidities, complex pain, advanced tumor burden and moral distress of clinicians.

Early Access Program

The Bendigo Health team has developed an early referral and access program that allows patients and carers to prepare for the months ahead of them with advanced care planning empowerment and knowledge to make decisions about timing to re-connect back into the palliative care services.

The program was on hiatus for much of 2022 due to visiting restrictions to health services. In 2023 the Early Access Program has received 24 admissions, which has led to improved outcomes for patients through better carer and patient support and a seamless transition to the community palliative care service.

Other benefits of the program have been demonstrated with efficiency of clinical resources;

- Clinic requires relatively few staff and can serve a large number of patients. (more patients can be reviewed in the clinic compared to separate home visits.)
- The clinic can provide better and easier access for support by utilising the same number of staff, with no extra budget- based on needs and preferences.

ConqUer Breathlessness Program (CURB)

Based on the Cambridge breathlessness intervention service that has been widely researched and tested, Bendigo Health has been facilitating their own ConqUer Breathlessness Program for the Loddon Mallee Region.

The clinic is an 8-12 week program where patients are educated on strategies to manage their breathlessness, and have reported that they have been able to attend rehabilitation clinics for exercise programs (which they had previously failed). Other reported benefits of completing the program include; the ability and confidence to resume activities of daily living (independently), and a reduced calls to ambulance services – due to self-managing their breathlessness.

With 22 patients referred to the program and 84 occasions of care, the program has shown to be effective with a substantial decrease in admissions related to breathlessness.

Of the 15 patients who had completed the program, there were only 3 admissions for breathlessness related reasons (not including covid). Compared to 17 admissions for breathlessness related reasons (not including covid) for the same patients 6 months prior to the entering the program – this has demonstrated a great model for management of Breathlessness in the community.

Priority 2: Engaging communities and embracing diversity

Victorian State-wide Disability Palliative Care Advisory Group

Facilitated by Victoria's NW Metro Palliative Care Consortia manager, the Victorian State-wide Disability Palliative Care Advisory Group was created this year, in response to a growing need for better end-of-life and palliative care for people living with a disability.

In partnership with key stakeholders from Palliative care services and the disability sector within Victoria, the group has formed for the purposes of advocacy, consumer and carer engagement, with the intention of improving the outcomes of people with disability.

Members of the Loddon Mallee Consortium have been active in the group – and are excited to assist with the trial of the *Palliative Care Assessment and Referral Tool for people with disability and life limiting illness* in 2024.

Palliative Care Week – Live the life you please!

See the new feature documentary film about living and dying in Australia.

★★★★★ "REMARKABLE" ★★★★★ "POWERFUL" ★★★★★ "LIFE AFFIRMING" ★★★★★ "INSPIRING" ★★★★★ "A MUST-SEE"

Live the life you please

Special Q&A Event
Village Cinemas, Bendigo
6pm, 23rd May

Adam Rutnya
Loddon Mallee Region Palliative Care Consortium Manager

Dr Ewa Piejko
Practitioner at Strathfieldsaye Primary Health

Joanna Lane Welsh
Nurse practitioner, Loddon Mallee Regional Specialist Palliative Care

Dr Mark Kitching
Consultant Physician in Palliative Medicine

www.livethelifeyouplease.com/see-thefilm

As part of Palliative Care week in 2023 the consortium hosted a community event at the Bendigo Cinema – a screening of *Live the Life you Please*.

The film is part of a campaign that aims to improve awareness about palliative care, advocate for increased access to essential palliative care and related health care services for all Australians.

Following the event a Panel Discussion was hosted by the consortium with Dr Mark Kitching and Dr Ewa Piejko who gave some great insights into Palliative Care in the region, and their own personal experiences with people who have benefitted from their care.

The event was well attended by the local community – who made great use of the Panel Discussion for some rare personal insights of our leading clinicians.



Priority 3: People receive services that are coordinated and integrated

Palliative Care Liaison Nurse

A joint-project between the Loddon Mallee Integrated Cancer Service (LMICS) and Bendigo Health has seen the creation of a new role (the Palliative Care Liaison Nurse).

The new role has been developed to streamline referrals and access to Palliative Care services at Bendigo Health and the region from inpatient wards and oncology services within Bendigo Health. The Palliative Care Liaison Nurse role is pivotal in supporting people admitted within inpatient units to transfer care to their home. This role has been recruited to 1.5EFT and commences in September 2023.

Murray PHN & Loddon Mallee Palliative Consortium Partnership

The Murray PHN will be working with Loddon Mallee PCC to conduct various projects as part of a 4-year Palliative Care program funded by the Federal Department of Health with the *Greater Choices At Home (Palliative Care measure)*. Some of the work will include Professional Development opportunities for GPs and Practice Nurses, linking to established palliative care networks to inform project actions, and to review Palliative Care referral pathways.

To date, GPs in the Loddon Mallee have not been provided with a consistent referral pathway to the Specialist Palliative Care Consultancy. Utilising the “*Health-Pathways*” system already in place, The Loddon Mallee Region Palliative Care Consortium has been working with the Murray PHN to create decision making and referral tools, along with the appropriate contact information. This work will continue into 2024.



Palliative Aged Care Resource Nurse Program

The Palliative Aged Care Resource Nurse Program aims to improve access to Specialist Palliative Care services for those in Residential Aged Care Facilities (RACF's).

The program works by enhancing linkages between Residential Aged Care Facilities and Palliative Care providers across the Loddon Mallee Region. The overall goal of the program is to provide support to Residential Aged Care Facilities and help build sustainable workforce capabilities to meet the needs of residents at their end of life.

Following an audit process, the project team will work with representatives of the RACFs to create a quality improvement program tailored to their organisation that addresses gaps in both organisational governance and workforce knowledge & skill.

Based on each Training Needs Analysis, RACF's are provided with recommendations (based on workforce capability) that may include;

- PEPA placements or reverse PEPA placements
- Online training through recommended sites (based on RACF training budget)
- Consultancy led in-services
- Palliative Care Specific Workshops/webinars
- Support for enrolling in Post-graduate studies

Since starting in March, the PACRN program has recruited 15 services from across the Loddon Mallee Region.



Priority 4: Quality end of life and palliative care is everyone's responsibility

Website Access



The Loddon Mallee Region Palliative Care Consortium's website: "<http://www.lmrpcc.org.au/>" has continued to service the region with over 3500 users in 2023 – up from 1,915 users in 2022.

In 2022, the consortium website was updated to include an interactive region map to assist users to find palliative care services in their local area, and updated education content for generalist clinicians, including education sessions from the consultancy, links to external education facilitators and recommended literature. The map (right) shows global distribution of our users.



Priority 5: Specialist palliative care is strengthened

Effective Clinical/therapeutic Communication workshops

The Effective Cancer Communication (ECC) program is a suite of workshops that teach best practice communication skills to health professionals, non-clinical staff and volunteers.

Through experiential learning with a simulated patient (actor), participants explore and recognise emotional reactions to cancer and apply evidence-based communication frameworks to respond effectively.

Participants are also provided with tools and language to build trusting relationships for better patient experience and health outcomes.

Clinicians who have participated in this training have enjoyed the benefits that ultimately lead to better patient experiences and outcomes.

This year, 2 x full day workshops were facilitated in the region for Specialist Palliative Care Clinicians, with more in development. Participants from across the Loddon Mallee region benefitted from Jo and Angela's tuition.

Transition to Specialty Practice Program 2023

In 2023, the Loddon Mallee and Hume Consortiums work with the Gippsland team to facilitate an additional Transition to Specialty Practice program for nurses in our regions. This year several staff from the Loddon Mallee Region travelled to Shepparton to participate in the TSP. With a demonstrated need for more clinicians to undertake post-graduate studies in specialist palliative care, the TSP program will be a welcome resource as part of our workforce strategy in 2024 – where we are hoping to facilitate the same program in Bendigo.

Grants and Scholarships program

Recognising the need to encourage more clinicians to develop their knowledge of specialist palliative care, the consortium allocated \$30,000 to a grants and scholarship program for our region. The grant and scholarship program was created to share in the costs for any specialist palliative care education undertaken by our clinicians. Our clinicians could apply for a Scholarship of up to \$2000 for Post-graduate study in Palliative Care or \$500 for Specialist Palliative Care training events and Travel or Accommodation costs associated with specialist palliative care education.

The total cost of the Program came to \$32,386.

We had 35 successful applicants from across the region – 10 of those were for Specialist Palliative Care- Post Graduate degrees. The others were to attend Palliative Care specific training such as;

- The Banksia Palliative Care Course
- Bereavement Counselling (Centre for Grief & Bereavement)
- MND Health Professional Webinar
- Pain Assessment Masterclass (CPC)
- Advanced Pharmacology
- Shapes of Grief
- Physical Assessment Masterclass (CPC)
- Masterclass Clinical Ethics
- Grad Cert Pall Care
- Oncology Massage
- Transition to Speciality Practice
- Physical Assessment Masterclass (CPC)

"In my clinical management class, I learned the early and late signs of death. Whilst giving handover to the oncoming shift, I was able to use these learnings to educate one of our new staff members which enabled her to identify and prepare for the imminent death of her patient. Being able to share my knowledge was a big motivator for me enrolling in the diploma so this was a very rewarding outcome!"

A Reid RN

"I have greatly improved with my communication skills towards patients and family, being able to help them understand the (end of life process), and be able to take some of the fear and uncertainty that they may have.

J Cawling RN

This is a great effort – and recognition should be given to the managers who supported their staff with their studies and professional development.

Their commitment to developing our (future) clinical leaders in Palliative Care shows that they truly value this specialisation and the amazing staff who are doing this essential work.

Strengthening afterhours palliative care support in the Loddon Mallee Region (Joint Project with Murray PHN)

The current model of afterhours service differs between palliative care services, with Bendigo and Sunraysia offering some telephone support afterhours, and the others referring their patients to call the Hospital After hour's Manager (AHM) for advice.

There is some provision for on-call nursing however this is not consistent across all Community Teams and all areas of the Loddon Mallee Region. Any service provided outside of normal business hours is by arrangement and dependent on availability of staff including that of District Nursing at times. Weekend service provision is limited in the region and is generally based on the most complex clients or those receiving terminal care. The consortium was successful with a grant application to the Murray Primary Health Network to the value of \$100K to extend service delivery into the afterhours.

This places Specialist Palliative Care nurses in a position to provide afterhours support in services where there is currently no staff allocation.

Preliminary results are already showing that these additional resources are allowing people to die at home (preferred place of death) and also allowing people with complex symptoms and needs to avoid admission. The project is funded until December 2023.

Preliminary results are indicating that investing in afterhours access to specialist palliative care clinicians is reducing the incidence and need for admission to urgent care and emergency departments, as well as providing great support to our patients and their carers.



Capability Assessment of regional services (joint project with University of Wollongong)

The Palliative Care Outcomes Collaborative (PCOC) Services Capability Framework is a six-level framework for national application. The framework creates a common language to describe the capability of health services for providing palliative care and enables the comparison between service level and patient outcomes.

Currently the Services Capability Framework is used by PCOC to assess the capability of services to participate in PCOCs core business of palliative care outcomes data collection, benchmarking of services and reporting on benchmarks towards a service level quality improvement response. However, service capability level classification is also a potential resource for the identification of growth opportunities for service development.

The Loddon Mallee palliative care consortia recently identified a number of key priorities for service development, including the improvement of data collection and communication systems (to enhance information sharing between services) and the revision of policies and protocols for referral, triage and discharge of patients. The palliative care services of the Loddon Mallee Region participated in a service capability mapping exercise in 2019. In 2023, services engaged in an updated mapping of palliative care capability. The purpose is to identify opportunities for improved service delivery through quality improvement activities.

Services shared similar characteristics, with the exception of Bendigo Health due to its size, and Mildura Base Hospital the only hospital-based service (table 1). A total tally of all twenty-four capability items resulted in a palliative care capability level for each service. Bendigo Health reported all capabilities present (Level 6 capability), whereas the remaining services were a capability level 2 or 3. With regard to setting of care, all services report they provide palliative care delivery to nursing homes (RACF), although services describe differing clinical interventions.

Table 1 Service characteristics and palliative care service level (1-6) 2023.

Service Name	Type of care	PCU	Inpt	Home	Hlth	Outpt	RACF	Service type	Referrals per year	Service description	Capability level
Echuca Community Palliative Care	Combination							Community health service	Small (≤ 150 p.a.)	Other (palliative care)	3
Bendigo Health	Combination							Community health service	Large (> 500 p.a.)	Specialist palliative care	6
Maryborough district community nursing	Direct care							Community health service	Small (≤ 150 p.a.)	Generalist palliative care	2
Castlemaine community health	Combination							Community health service	Small (≤ 150 p.a.)	Generalist palliative care	3
Mildura Base Hospital	Direct care							Hospital based service	Small (≤ 150 p.a.)	Specialist palliative care	2
Sunraysia district nursing	Combination							Community health service	Medium (151-499 p.a.)	Generalist palliative care	2
Central Highlands rural health	Combination							Community health service	Small (≤ 150 p.a.)	Generalist palliative care	3
Swan Hill Community Palliative Care	Consultation							Community health service	Small (≤ 150 p.a.)	Other (SPC consultancy)	2

A number of quality improvement opportunities were identified. They are likely to involve sharing of information, processes and supporting materials developed by teams. The information from this exercise was used to guide our strategic plan, and offer some benchmarking for our services.

Consortium Priorities for 2024

With multiple projects continuing and undergoing completion in 2024, the following projects will commence as part of the consortiums normal work;

- Specialist practice (palliative care) framework and assessment tools
- Clinical Capability Building in Generalist Care
- Group Clinical Supervision

Nursing Novice to Expert Competencies Working Group

The *Victorian Community Palliative Care Clinical Managers Forum* identified there could be benefits in defining and describing agreed competencies, skills, capabilities for Nursing and Allied Health workforces providing community palliative care. As a result the Nursing Novice to Expert Competencies Working Group was created.

The purpose of the Nursing Novice to Expert Competencies Working Group is to utilise best practice evidence and information to identify, describe and agree a suite of palliative care related competencies, skills and capabilities to support practice and the professional development of the community palliative care nursing workforce.

The Loddon Mallee region is participating in State-wide work to develop a framework and training program for staff who want to specialise in Palliative care/currently work in palliative care

Clinical Capability Building in Generalist Care

In 2024 the region aims to host the Transition to Specialty Practice (TSP) program in our region, this will allow registered nurses from varied backgrounds and services to participate in well-supported post-graduate studies in Palliative Care.

The 2021 Continuing Nursing Education survey for the Loddon Mallee Region (reported by Bendigo Health), aimed to capture the training and education needs of nurses working in public health across the region. With 2475 responses from staff in all health services of the region, the data was presented with a good degree of confidence.

The largest group of staff responding to the survey worked in aged care, and the report revealed that End of Life care was the second-most most specifically-requested topic for education and training. It is anticipated that the Palliative Aged Care Resource Nurses program will work well to meet the education demands of the aged care workforce.

The Loddon Mallee Region Specialist Palliative Care Consultancy will continue to provide support to the region, as they have in the past year, with additional online webinar content, and formal support of the regional Case Review.

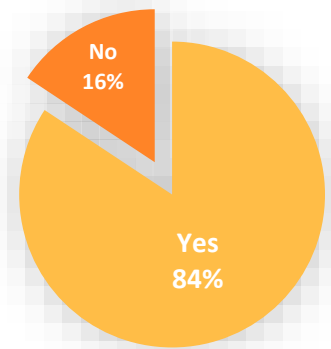
Group Clinical Supervision

In 2022 the Loddon Mallee Palliative Clinicians Network was created to allow Palliative Care clinicians from all of the Specialist Palliative Care services to share experiences and professional support. In our first meeting the members discussed the results of our recent Knowledge and skills survey that demonstrated a desire of palliative clinicians to participate in clinical supervision with the following definition;

"Clinical supervision is regular, protected time for facilitated, in-depth reflection of clinical practice. It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development. The supervisee reflects on the part she plays as an individual in the complexities of the events and the quality of her practice. This reflection is facilitated by one or more experienced colleagues who have expertise in facilitation and frequent, ongoing sessions are led by the supervisee's agenda. The process of clinical supervision should continue throughout the person's career, whether they remain in clinical practice or move into management, research or education' (RCN Institute 1997)."

In 2023, the managers from our consortium services participated in a group clinical supervision session with a Consultant from SOYP.

Trailing this model of clinical supervision with the managers was successful and received positive feedback from participants. The next step will be to take this model of group clinical supervision to the front-line staff throughout the region in 2024.



**Do you think that
regular clinical
supervision would be
helpful to your work?**



Funds Statement for the period ended 30th June 2023

2022-23

INFLOWS YTD Recognised

DHHS - Funding

Palliative Care Consortium

145,077

Murray PHN Funding

45,000

TOTAL

INFLOWS

190,077

OUTFLOWS

Personnel Costs

(127,037)

Repairs & Maintenance

(38)

Group Charges

(1,766)

Corporate Charges

(18,132)

Administrative Costs

(32,144)

TOTAL OUTFLOWS

(179,079)

Net Surplus/(Deficit) for Year

10,998

Accumulated Surplus/(Deficit) at Beginning of
Year

75,728

Accumulated Surplus/(Deficit) at End of Period

86,726

Acknowledgements

The Loddon Mallee Palliative Care Consortium would like to acknowledge the fantastic work in palliative care and kind support for our services from all of our professional associates and partner organisations.

